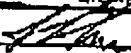


JUL 24 2007

PTO/SB/82 (01-07)
Approved for use through 12/31/2008. OMB 0651-0058
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number 10/016,077																				
		Filing Date 10/24/2001																				
		First Named Inventor Turner et al.																				
		Art Unit 2155																				
		Examiner Name Kavita T. Balas																				
		Attorney Docket Number 01-00160-US																				
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioner associated with the Customer Number. 216345</p>																						
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number. 216345</p> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;"><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3" style="width: 85%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Address</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">City</td> <td style="width: 25px; padding: 5px;"></td> <td style="width: 15px; padding: 5px;">State</td> <td style="width: 15px; padding: 5px;">Zip</td> </tr> <tr> <td style="padding: 5px;">Country</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">Telephone</td> <td style="width: 35px; padding: 5px;"></td> <td style="width: 15px; padding: 5px;">Email</td> <td style="width: 15px; padding: 5px;"></td> </tr> </table> <p>I am the:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)</p>			<input type="checkbox"/> Firm or Individual Name				Address				City		State	Zip	Country				Telephone		Email	
<input type="checkbox"/> Firm or Individual Name																						
Address																						
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Country																						
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SIGNATURE of Applicant or Assignee of Record																						
Signature																						
Name	Tod Turner																					
Date	6/27/07	Telephone	425-486-5313 x722																			
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																						

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, on the average of time you receive to complete this form and/or expenditures for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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